

## RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION

FEB 1 4 2008

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	GISLATOR INFORMATION	
	SIGNATION INFORMATION	
Leila J. Percy		Member of: ☐ House ☐ Senate
Mailing address		District . Senate
934 Papham Rd		64
Name Lecla J. Percy Mailing address  934 Papham Rd  City, zip code Phippsburg		Phone 389-2133
	289-2122	
PART 1. INCOME DE	RIVED FROM EMPLOYMENT BY ANG	OTHER TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOT
ist the name and address of each employer fr rincipal type of economic activity of each employ	om whom you received compensation	of \$1,000 or more. Specify
	/er.	Plant TOOK TO AN AGENCY TO A STATE OF THE ST
Name of Employer	Address	Principal Type of Economic Activity of Employer
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and the same of th	ne tille a sind sommer påde menne i stille kanne i stille kanne i stille kanne i stille kanne en til som en til	The state of the s
PARTO MONTE	The second section of the sect	4
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)	
List the name and address of your business	if any and list the	conomic activity from which yo
rived income. If associated with a partnership, eas of economic activity of that entity.	mm, professional association, or similar	ar business entity, list the maj
Name and Address of Business Entity	Major Areas of Economic Activity	Major Areas of Economic
	(self)	Activity (partnership, association or simila
e: Leila Perey Band ess: same as above	landon of 1911	business entity)
ess: same as above	leader of 1940's swing band	weddings private
e:		Pall
		•

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PART 2 (continued). INCOME DEI	RIVED FROM SELF-EMPLOY are self-employed.)	MENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	entity or person from whom you cessional ethics, specify only the p	derived such income. If this form of rincipal type of economic activity of
The Small PointName and Address of Source Rub Mupps be Name: The Highlands  Address: Top-ham Maine  Name: LL Beau	uzglue (Porty)	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: The Highlands		hered band to
Address: Topsham Maine	general superior de la company de la comp	play Xmas Party
Name: LL Beau		play Xmas Party hired to play at NY Eves!
Address: Freepat, Mame		ar NY Eves!
	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	的变量, <b>是要是</b> 是我的现在分词,不要的1990年的,对于一次的主义的中心的"不是",不是,但是"不是",我们就是这个的时间,这个时间的一个人的对比的企会的的话,"1,我们就不会代	tion form at a supplementary day of the part of the pa
Name and Address of Firm	Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
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Address:	www.mananahanachalalalalalalalalalalalalalalalalalala	da Programme de la Programme d
Name:		Notes of the state
Address:		
THE PARTY OF THE P	OURCES OF INCOME	aifte. If none check the boy
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or a or this form. Do not include	guits. If fiorie, check the box.
☐ None		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name:	٠.	
Address:	annus platinisti y se para est est annus manus annus actor annus consecutado de consectio de del del del se se	
Name:		•
Address:		
and the control of th	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box	reporting period, and list the major
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
接き形 マントン 総一 (編) Line Control to State And British And British And	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If
□ None	Wooden in the Property of the Company of the Compan	
Name of Source of Gift	<u>Andreas and American (Alberta, Santa, Santa) and American and American and American and American and American</u> Andreas and American	Source of Gift
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2.	4.	· ·

List the source of any honoraria accepted for appearances or speed	hes rel	ated f	ORAR	official duties. If none shock the h
None			. y 0 01 1	ornola dules. Il forte, check the box.
Name of Source of Honoraria				Name of Source of Honoraria
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2.	4.		PLAST MORESTIN KITETITILL	
PART 8. REPRESENTATION	BEFO	RES	TATE	AGENCIES & L
List each executive branch agency before which you represented on the box.	or assist	ted ot	ners fo	r compensation of any amount. If none, che
None	(III) No.	TAIX CONTRACTOR OF THE PARTY OF		
Name of Agency				Name of Agency
	3.	and minimum, a <sub>n Ann</sub> a.	and the second second	engan kananan kananan kanan kana Kanan kanan ka
	4.	**************************************	The Ast of the Section 1999.	
PART 9. BUSINESS WI	ти ст	ATE:	acev	ALERO VIII STATE OF THE STATE O
ist each executive branch agency to which you or a member of your 1,000 during the reporting period. If none, check the box.	rimmed	A≀⊏. liate f	AGEN amily s	CIES old goods or services with a value in excess
None	- 	- Cod confession conjugates	HAMMAN TO THE REAL PROPERTY AND THE PROPERTY	
Name of Agency	in a local desired and the	portograpisco de la properta de la constanta d		Name of Agency
	3.			Name of Agency
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	4.			
PART 10. INCOME RECEIVED BY M	EMBE	RSC	F IMN	IEDIATE FAMILY
st the type of economic activity representing each source of incomen) during the reporting period and the kind of income represented. "for income received by dependents.	C O 4	000		
Type of Economic Activity Representing Source of Income Receive	ed	appro	rcle priate ter	Kind of Income
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		S	D	
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		S	D	
SIGNATI	JRE:			

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
Part/Section Number	
:	